

**West Virginia Department of Health & Human  
Resources  
Berkeley County Health Department**



**FOOD ESTABLISHMENT INSPECTION REPORT**

<b>Establishment Information</b>		
Facility Name <b>Foxy Lady Gentlemen's Club</b>	Facility Type <b>Food Service Establishment</b>	
Licensee Name <b>Mid-Atlantic Entertainment, LLC</b>	Facility Telephone # <b>304 229-0002</b>	
Facility Address <b>10491 Winchester Pike Bunker Hill , WV</b>	Licensee Address <b>,</b>	
<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>02/07/2017</b>	Total Time Spent <b>1.50</b>

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
<b>Keg cooler</b>	<b>40</b>
<b>Beer cooler</b>	<b>37</b>
<b>Pepsi</b>	<b>40</b>

**OPERATOR** - Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 10 calendar days for critical items (§ 8-405.11) or 90 days for non-critical items (§ 8-406.11).

<b>Observed Critical Violations</b>
<b>Total # 0</b>
<b>Repeated # 0</b>

**Observed Non-Critical Violations**

**Total # 7**

**Repeated # 0**

**4-302.12 - TEMPERATURE MEASURING DEVICES**

**OBSERVATION: (CORRECTED DURING INSPECTION):** *Thermometer needed in beer cooler*

**4-602.13 - NONFOOD CONTACT SURFACES**

**OBSERVATION:** *Vents inside pepsi refrigerator need cleaned*

**4-903.11 - EQUIPMENT, UTENSILS, LINENS, AND SINGLE-SERVICE AND SINGLE USE ARTICLES**

**OBSERVATION: (CORRECTED DURING INSPECTION):** *Plastic ware needs to be stored handle up*

**6-501.11 - PHYSICAL FACILITIES - GOOD REPAIR**

**OBSERVATION:** *Floor in dancers changing room needs repaired (tiles cracking)*

**6-501.11 - PHYSICAL FACILITIES - GOOD REPAIR**

**OBSERVATION:** *Floor in back storage room needs repaired (hole beside ice machine)*

**6-501.12 - CLEANING, FREQUENCY AND RESTRICTIONS**

**OBSERVATION:** *Floor under hood/stove needs cleaned*

**6-501.12 - CLEANING, FREQUENCY AND RESTRICTIONS**

**OBSERVATION:** *Ceiling vent covers in men's and women's bathrooms need cleaned*

**Inspection Outcome**

**Comments**

Fax copy of pest control contract to 304-263-8274 Attn: Keith Allison

Disclaimer

Person in Charge



**Kimberly Moyer**

Sanitarian



**Keith Allison**